

<i>SERFF Tracking Number:</i>	<i>ALSX-125582325</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allstate Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>BF1532</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability</i>		
<i>Project Name/Number:</i>	<i>Form Filing/BF1532</i>		

## Filing at a Glance

Company: Allstate Insurance Company

Product Name: Commercial General Liability

TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: BF1532

Filing Type: Form

Co Status:

Author: SPI AllState

Date Submitted: 03/27/2008

Effective Date Requested (New): 10/01/2008

Effective Date Requested (Renewal): 10/01/2008

State Filing Description:

SERFF Tr Num: ALSX-125582325 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Disposition Date: 03/28/2008

Disposition Status: Approved

Effective Date (New):

Effective Date (Renewal):

## General Information

Project Name: Form Filing

Project Number: BF1532

Reference Organization:

Reference Title:

Filing Status Changed: 03/28/2008

State Status Changed: 03/28/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

The Terrorism Risk Insurance Act, as amended, has been extended for seven years, through 2014. We have; therefore, revised the Commercial General Liability Policy Declarations Pages to reflect the extension of the Act, and to include the change in the federal backstop for 2008.

Effective date:

New business: 10/1/08

Renewals: 10/1/08

SERFF Tracking Number:	ALSX-125582325	State:	Arkansas
Filing Company:	Allstate Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	BF1532		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Commercial General Liability		
Project Name/Number:	Form Filing/BF1532		

## Company and Contact

### Filing Contact Information

Kelly Urban, State Filings Analyst	kurban@allstate.com
2775 Sanders Road	(847) 402-0157 [Phone]
Northbrook, IL 60062	(847) 402-9757[FAX]

### Filing Company Information

Allstate Insurance Company	CoCode: 19232	State of Domicile: Illinois
2775 Sanders Road	Group Code: 8	Company Type: Property and Casualty
Suite A5		
Northbrook, IL 60062	Group Name: Allstate	State ID Number:
(847) 402-5000 ext. [Phone]	FEIN Number: 36-0719665	
	-----	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Insurance Company	\$50.00	03/27/2008	19016154

<i>SERFF Tracking Number:</i>	<i>ALSX-125582325</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability</i>		
<i>Project Name/Number:</i>	<i>Form Filing/BF1532</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Edith Roberts	03/28/2008	03/28/2008

<i>SERFF Tracking Number:</i>	<i>ALSX-125582325</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allstate Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>BF1532</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability</i>		
<i>Project Name/Number:</i>	<i>Form Filing/BF1532</i>		

## Disposition

Disposition Date: 03/28/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ALSX-125582325	State:	Arkansas
Filing Company:	Allstate Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	BF1532		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Commercial General Liability		
Project Name/Number:	Form Filing/BF1532		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	PRODUCTS/COMPLETED OPERATIONS LIABILITY	Approved	Yes
Form	OWNER AND CONTRACTOR PROTECTIVE LIABILITY	Approved	Yes
Form	LIQUOR LIABILITY	Approved	Yes
Form	COMMERCIAL GENERAL LIABILITY	Approved	Yes

SERFF Tracking Number: ALSX-125582325 State: Arkansas  
Filing Company: Allstate Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: BF1532  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: Commercial General Liability  
Project Name/Number: Form Filing/BF1532

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	PRODUCTS/COMPLETED OPERATIONS LIABILITY	BU4209-4	1-08	Declaration Replaced s/Schedule	Replaced Form #:0.00 BU4209-3 Previous Filing #: AR-PC-06-022492		BU4209-4.PDF
Approved	OWNER AND CONTRACTOR PROTECTIVE LIABILITY	BU4206-4	1-08	Declaration Replaced s/Schedule	Replaced Form #:0.00 BU4206-3 Previous Filing #: AR-PC-06-022492		BU4206-4.PDF
Approved	LIQUOR LIABILITY	BU4204-4	01-08	Declaration Replaced s/Schedule	Replaced Form #:0.00 BU4204-3 Previous Filing #: AR-PC-06-022492		BU4204-4.PDF
Approved	COMMERCIAL GENERAL LIABILITY	BU4201A-4	1-08	Declaration Replaced s/Schedule	Replaced Form #:0.00 BU4201A-3 Previous Filing #: AR-PC-06-022492		BU4201A-4.PDF

**ALLSTATE INSURANCE COMPANY**

A STOCK INSURANCE COMPANY

HOME OFFICE 6 2775 SANDERS ROAD  
NORTHBROOK, ILLINOIS**PRODUCTS/COMPLETED OPERATIONS LIABILITY  
OCCURRENCE POLICY****DECLARATIONS****POLICY NO.****1. Named Insured****Address****2. Policy Period:** From \_\_\_\_\_ To \_\_\_\_\_ ~12:01 A.M. ~12:01 Noon

Beginning and ending at the Address of the Named Insured stated above

**3. The Named Insured is:** ~Individual ~ Partnership ~ Corporation ~ Joint Venture ~ \_\_\_\_\_**4. Business of the Named Insured:****5.** In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.**6.**

Limits of Insurance	
EACH OCCURRENCE LIMIT \$	AGGREGATE LIMIT \$

Classification	Code No.	Premium Base	Rate	Advance Premium
			\$	\$

**8.**

Forms and Endorsements Applicable to this Policy	Total Annual Advance Premium
	from  to

The portion of the **total annual advance premium** shown on page 1 of the Declarations that is attributable to coverage for losses caused by "acts of terrorism" to which the Program established by the "Terrorism Risk Insurance Act", as amended applies is \$\_\_\_\_\_. **SEE DISCLOSURE NOTICE ON PAGE 3 of 3.**

**DECLARATIONS – PRODUCTS/COMPLETED OPERATIONS LIABILITY (continued)**

**ALLSTATE INSURANCE COMPANY  
A STOCK INSURANCE COMPANY**

**POLICY NUMBER**

IN WITNESS WHEREOF, the Company named above, a stock Company, has caused this policy to be signed by its Secretary and its President at Northbrook, Illinois.

Secretary

President

Countersigned By \_\_\_\_\_, Authorized Agent



## DECLARATIONS – PRODUCTS/COMPLETED OPERATIONS LIABILITY (continued)

ALLSTATE INSURANCE COMPANY  
A STOCK INSURANCE COMPANY

POLICY NUMBER

### POLICYHOLDER DISCLOSURE

#### NOTICE OF TERRORISM INSURANCE COVERAGE

The federal "Terrorism Risk Insurance Act" as amended (the federal Act), establishes a temporary federal Program (the federal Program) providing for a system of shared public and private compensation for certain insured commercial property and casualty losses resulting from "acts of terrorism," as defined in the federal Act.

The federal Act defines an "act of terrorism" as an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside of the United States in the case of certain air carriers or vessels or on the premises of a United States mission; and to have been committed by an individual or individuals, as a part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

#### DISCLOSURE OF FEDERAL SHARE OF COMPENSATION FOR INSURED LOSSES

Insured losses caused by "acts of terrorism" to which the federal Program applies would be partially reimbursed by the United States of America under a formula established by the federal Act. Under that formula, the United States of America pays 85 percent of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceeds \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

#### DISCLOSURE OF PREMIUM

[AI: Only one (1) of the below should print.]

[ ] Your insurance coverage includes coverage for losses caused by "acts of terrorism" to which the federal Program applies (subject to policy terms, conditions, limitations and exclusions). The portion of your annual premium that is attributable to coverage for losses caused by "acts of terrorism" to which the federal Program applies is \$XX.XX.

[OR]

[ ] Your insurance coverage does not include coverage for losses caused by "acts of terrorism" to which the federal Program applies. Accordingly, the portion of your annual premium that is attributable to coverage for losses caused by "acts of terrorism" to which the federal Program applies is \$0.00. If you would like your insurance coverage to include coverage for losses caused by "acts of terrorism" to which the federal Program applies (subject to policy terms, conditions, limitations and exclusions), you may purchase that coverage for an additional annual premium charge of \$XX.XX. Please ask your agent for more information.

**ALLSTATE INSURANCE COMPANY**  
**A STOCK INSURANCE COMPANY**

HOME OFFICE 6 2775 SANDERS ROAD  
NORTHBROOK, ILLINOIS

**OWNER AND CONTRACTOR PROTECTIVE LIABILITY  
OCCURRENCE POLICY**

**DECLARATIONS**

**POLICY NO.**

**1. Named Insured**

**Address**

**2. Policy Period:** From \_\_\_\_\_ To \_\_\_\_\_  
Beginning and ending at \_\_\_\_\_ at the Address of the Named Insured stated above

**3. The Named Insured is:**

**4. Business of the Named Insured:**

**5.**

Designated Contractor	
NAME AND MAILING ADDRESS	LOCATION OF COVERED OPERATIONS

**6.** In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

**7.**

Limits of Insurance					
EACH OCCURRENCE LIMIT \$			AGGREGATE LIMIT\$		
Location/ Building	Classification	Code No.	Premium Base	Rate per \$1000 Of Cost	Advance Premium
 	 	 	 	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$

**9.**

Forms and Endorsements Applicable to this Policy	Total Annual Advance Premium
     	\$             from to

The portion of the **total annual advance premium** shown above that is attributable to coverage for losses caused by "acts of terrorism" to which the Program established by the "Terrorism Risk Insurance Act", as amended applies is \$\_\_\_\_\_. **SEE DISCLOSURE NOTICE ON PAGE 3 of 3.**

**DECLARATIONS – OWNER AND CONTRACTOR PROTECTIVE LIABILITY OCCURRENCE POLICY  
(continued)**

**ALLSTATE INSURANCE COMPANY  
A STOCK INSURANCE COMPANY**

**POLICY NUMBER**

IN WITNESS WHEREOF, the Company named above, a stock Company, has caused this policy to be signed by its Secretary and its President at Northbrook, Illinois.

Secretary

President

Countersigned By \_\_\_\_\_, Authorized Agent

**DECLARATIONS – OWNER AND CONTRACTOR PROTECTIVE LIABILITY OCCURRENCE POLICY  
(continued)**

**ALLSTATE INSURANCE COMPANY  
A STOCK INSURANCE COMPANY**

**POLICY NUMBER**

**POLICYHOLDER DISCLOSURE**

**NOTICE OF TERRORISM  
INSURANCE COVERAGE**

The federal “Terrorism Risk Insurance Act” as amended (the federal Act), establishes a temporary federal Program (the federal Program) providing for a system of shared public and private compensation for certain insured commercial property and casualty losses resulting from “acts of terrorism,” as defined in the federal Act.

The federal Act defines an “act of terrorism” as an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside of the United States in the case of certain air carriers or vessels or on the premises of a United States mission; and to have been committed by an individual or individuals, as a part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceeds \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

**DISCLOSURE OF FEDERAL SHARE OF COMPENSATION FOR INSURED LOSSES**

Insured losses caused by “acts of terrorism” to which the federal Program applies would be partially reimbursed by the United States of America under a formula established by the federal Act. Under that formula, the United States of America pays 90 percent (85 percent in 2007) of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

**DISCLOSURE OF PREMIUM**

**[AI: Only one (1) of the below should print.]**

☐ Your insurance coverage includes coverage for losses caused by “acts of terrorism” to which the federal Program applies (subject to policy terms, conditions, limitations and exclusions). The portion of your annual premium that is attributable to coverage for losses caused by “acts of terrorism” to which the federal Program applies is \$XX.XX.

**[OR]**

☐ Your insurance coverage does not include coverage for losses caused by “acts of terrorism” to which the federal Program applies. Accordingly, the portion of your annual premium that is attributable to coverage for losses caused by “acts of terrorism” to which the federal Program applies is \$0.00. If you would like your insurance coverage to include coverage for losses caused by “acts of terrorism” to which the federal Program applies (subject to policy terms, conditions, limitations and exclusions), you may purchase that coverage for an additional annual premium charge of \$XX.XX. Please ask your agent for more information.

**ALLSTATE INSURANCE COMPANY**  
**A STOCK INSURANCE COMPANY**

HOME OFFICE 6 2775 SANDERS ROAD  
NORTHBROOK, ILLINOIS

**LIQUOR LIABILITY  
OCCURRENCE POLICY**

**DECLARATIONS**

**POLICY NO.**

**1. Named Insured**

**Address**

**2. Policy Period:** From \_\_\_\_\_ To \_\_\_\_\_ ~12:01 A.M. ~12:01Noon

Beginning and ending at the Address of the Named Insured stated above

**3. The Named Insured is:** ~Individual ~ Partnership ~ Corporation ~ Joint Venture ~ \_\_\_\_\_

**4. Business of the Named Insured:**

**5.** In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide th  
insurance as stated in this policy.

**6.**

Limits of Insurance	
EACH COMMON CAUSE LIMIT	AGGREGATE LIMIT
\$	\$

**7.**

Location of All Premises you Own, Rent or Occupy

**8.**

Classification	Code No.	Premium Base	Rate	Advance Premium
			\$	\$

**9.**

Forms and Endorsements Applicable to this Policy	Total Annual Advance Premium
	\$
	from to

**DECLARATIONS – LIQUOR LIABILITY - OCCURRENCE POLICY (continued)**

**ALLSTATE INSURANCE COMPANY  
A STOCK INSURANCE COMPANY**

**POLICY NUMBER**

The portion of the **total annual advance premium** shown on page 1 of the Declarations that is attributable to coverage for losses caused by “acts of terrorism” to which the Program established by the “Terrorism Risk Insurance Act”, as amended applies is \$\_\_\_\_\_. **SEE DISCLOSURE NOTICE ON PAGE 3 of 3.**

IN WITNESS WHEREOF, the Company named above, a stock Company, has caused this policy to be signed by its Secretary and its President at Northbrook, Illinois.

Secretary

President

Countersigned By \_\_\_\_\_, Authorized Agent

ALLSTATE INSURANCE COMPANY  
A STOCK INSURANCE COMPANY

POLICY NUMBER

**POLICYHOLDER DISCLOSURE**

**NOTICE OF TERRORISM  
INSURANCE COVERAGE**

The federal "Terrorism Risk Insurance Act", as amended (the federal Act), establishes a temporary federal Program (the federal Program) providing for a system of shared public and private compensation for certain insured commercial property and casualty losses resulting from "acts of terrorism," as defined in the federal Act.

The federal Act defines an "act of terrorism" as an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside of the United States in the case of certain air carriers or vessels or on the premises of a United States mission; and to have been committed by an individual or individuals, as a part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

**DISCLOSURE OF FEDERAL SHARE OF COMPENSATION FOR INSURED LOSSES**

Insured losses caused by "acts of terrorism" to which the federal Program applies would be partially reimbursed by the United States of America under a formula established by the federal Act. Under that formula, the United States of America pays 85 percent of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceeds \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

**DISCLOSURE OF PREMIUM**

**[AI: Only one (1) of the below should print.]**

☐ Your insurance coverage includes coverage for losses caused by "acts of terrorism" to which the federal Program applies (subject to policy terms, conditions, limitations and exclusions). The portion of your annual premium that is attributable to coverage for losses caused by "acts of terrorism" to which the federal Program applies is \$XX.XX.

**[OR]**

☐ Your insurance coverage does not include coverage for losses caused by "acts of terrorism" to which the federal Program applies. Accordingly, the portion of your annual premium that is attributable to coverage for losses caused by "acts of terrorism" to which the federal Program applies is \$0.00. If you would like your insurance coverage to include coverage for losses caused by "acts of terrorism" to which the federal Program applies (subject to policy terms, conditions, limitations and exclusions), you may purchase that coverage for an additional annual premium charge of \$XX.XX. Please ask your agent for more information.

**ALLSTATE INSURANCE COMPANY**  
**A STOCK INSURANCE COMPANY**

HOME OFFICE 6 2775 SANDERS ROAD  
NORTHBROOK, ILLINOIS

**COMMERCIAL GENERAL LIABILITY  
OCCURRENCE POLICY**

**DECLARATIONS**

**POLICY NO.**

**1. Named Insured**

**Address**

**2. Policy Period:** From \_\_\_\_\_ To \_\_\_\_\_  
Beginning and ending at \_\_\_\_\_ at the Address of the Named Insured stated above

**3. The Named Insured is:**

**4. Business of the Named Insured:**

**5. Insurance is provided subject to the limits of Insurance inserted below. Where there is no limit shown, there is no coverage**

**6. Limits of Insurance**

Limit	Amount
GENERAL AGGREGATE LIMIT (Other Than Products – Completed Operations)	\$
PRODUCTS – COMPLETED OPERATIONS AGGREGATE LIMIT	\$
PERSONAL and ADVERTISING INJURY LIMIT	\$
EACH OCCURRENCE LIMIT	\$
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$ ANY ONE PREMISES
MEDICAL EXPENSE LIMIT	\$ ANY ONE PERSON

**7.**

Forms and Endorsements Applicable to this Policy	Total Annual Advance Premium
	\$
	from to

The portion of the **total annual advance premium** shown above that is attributable to coverage for losses caused by "acts of terrorism" to which the Program established by the "Terrorism Risk Insurance Act., as amended applies is \$\_\_\_\_\_. **SEE DISCLOSURE NOTICE ON PAGE 3 of 3.**



**DECLARATIONS – COMMERCIAL GENERAL LIABILITY OCCURRENCE POLICY (continued)**

**ALLSTATE INSURANCE COMPANY  
A STOCK INSURANCE COMPANY**

**POLICY NUMBER**

IN WITNESS WHEREOF, the Company named above, a stock Company, has caused this policy to be signed by its Secretary and its President at Northbrook, Illinois.

Secretary

President

Countersigned By \_\_\_\_\_, Authorized Agent

## DECLARATIONS – COMMERCIAL GENERAL LIABILITY OCCURRENCE POLICY (continued)

ALLSTATE INSURANCE COMPANY  
A STOCK INSURANCE COMPANY

POLICY NUMBER

### POLICYHOLDER DISCLOSURE

#### NOTICE OF TERRORISM INSURANCE COVERAGE

The federal "Terrorism Risk Insurance Act, as amended (the federal Act), establishes a temporary federal Program (the federal Program) providing for a system of shared public and private compensation for certain insured commercial property and casualty losses resulting from "acts of terrorism," as defined in the federal Act.

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[OR]

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<i>SERFF Tracking Number:</i>	<i>ALSX-125582325</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allstate Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>BF1532</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability</i>		
<i>Project Name/Number:</i>	<i>Form Filing/BF1532</i>		

## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ALSX-125582325</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allstate Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>BF1532</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability</i>		
<i>Project Name/Number:</i>	<i>Form Filing/BF1532</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	03/28/2008
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### Comments:

### Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING SCHEDULE.PDF


## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	Allstate				<b>Group NAIC #</b>	008
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Allstate Insurance Company	IL	19232	36-0719665			

<b>5. Company Tracking Number</b>	BF1532
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Kelly Urban 2775 Sanders Road, Suite A5 Northbrook IL 60062	State Filings Analyst	800-366-2958 Ext. 20157	847-402-9757	kurban@allstate.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>		Kelly Urban		

## Filing Information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.2 Other Liability - Occurrence Only			
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.2001 Commercial General Liability			
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing Title)</b>				
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:	10-1-2008	Renewal:	10-1-2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>	N/A			
<b>17. Reference Organization # &amp; Title</b>				
<b>18. Company's Date of Filing</b>	3-26-2008			
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

# Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	BF1532
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

The Terrorism Risk Insurance Act, as amended, has been extended for seven years, through 2014. We have; therefore, revised the Commercial General Liability Policy Declarations Pages to reflect the extension of the Act, and to include the change in the federal backstop for 2008.

Effective date:

New business: 10/1/08

Renewals: 10/1/08

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	<div data-bbox="185 1461 433 1516"> <p><b>Check #:</b> EFT</p> <p><b>Amount:</b> \$50.00</p> </div> <div data-bbox="155 1757 1300 1812"> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p> </div>

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	BF1532
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	PRODUCTS/COMPLETE D OPERATIONS LIABILITY	BU4209-4 1-08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BU4209-3	AR-PC-06-022492
02	OWNER AND CONTRACTOR PROTECTIVE LIABILITY	BU4206-4 1-08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BU4206-3	AR-PC-06-022492
03	LIQUOR LIABILITY	BU4204-4 01-08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BU4204-3	AR-PC-06-022492
04	COMMERCIAL GENERAL LIABILITY	BU4201A-4 1-08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BU4201A-3	AR-PC-06-022492
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		